

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4					
TOTAL DEP.	26	↓	←	↓	←	↓
TOTAL CLAIMS	30	CAF	CAF	CAF	CAF	CAF

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↓	←	↓	←	↓
TOTAL CLAIMS		CAF	CAF	CAF	CAF	CAF

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS